



HEALTH PROFILE: EAST TIMOR

HIV/AIDS

Estimated number of Adults and Children Living with HIV/AIDS (end 2004)	50
Total Population (2005)	945,900
Adult HIV Prevalence (end 2004)	<1%

Source: World Health Organization

East Timor (Timor-Leste) declared independence in 1975 after 425 years of Portuguese colonial rule and more than 25 years of occupation by Indonesia. The country's status as an independent nation was finally recognized by the world after its first national elections were held in May 2002. It remains one of the poorest countries in Asia, with a gross domestic product of \$410 per capita in 2002. More than 45% of the population lives in poverty, the literacy rate is 40%, and life expectancy at birth is 57 years. Based on the 2003 Demographic and Health Survey, the maternal mortality ratio is estimated at 830, and the child mortality rate at 12.5%, both among the highest in the world. Among East Timor's many pressing public health concerns are malaria, tuberculosis, dengue hemorrhagic fever, acute respiratory infections, malnutrition, and lymphatic filariasis. A fledgling health system is struggling to cope with these problems as well as the challenges of HIV/AIDS and other sexually transmitted infections (STIs).

HIV prevalence in East Timor is very low. The first case of HIV/AIDS was reported in 2001, and as of 2004, only 24 cases of the disease had been confirmed. Inadequate testing and insufficient research, however, mean that many more people could be infected than current epidemiological data indicate. Recent research by USAID's Implementing AIDS Prevention and Control (IMPACT) Project indicates that 3% of female sex workers and 1% of men who have sex with men are living with HIV. In addition, 15% of both these populations have a curable sexually transmitted infection such as gonorrhea or chlamydia that increases sexual transmission of HIV. These data were collected in mid-2003, and prevalence now is inevitably higher.

Nearby countries in Southeast Asia are experiencing considerable nationwide or localized epidemics that are being fueled by high-risk behavior and high levels of population mobility; these factors also have the potential to drive up the HIV infection rate in East Timor. Indeed, many of the ingredients for an HIV epidemic are already present in East Timor. Several social factors could exacerbate the spread of HIV, including massive social dislocation, cross-border migration, high unemployment, an ineffective HIV/ AIDS awareness program, inadequate health facilities, and a low awareness of HIV/AIDS.

NATIONAL RESPONSE

The mission of the Ministry of Health (MOH) is to ensure that all Timorese people have access to affordable health services, to regulate the health

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sector, and to promote participation by members of the community and other sectors. The MOH aims to provide quality health care by developing a cost-effective and needs-based health system that specifically addresses the health issues and problems of women, children, and other vulnerable populations, particularly the poor.

Regrettably, the health system has inadequate staffing to manage the nation's major health problems, let alone the challenge of HIV/AIDS. East Timor has fewer than 24 physicians and just a few qualified laboratory technicians. Few MOH staff have received training to recognize the clinical aspects of HIV/AIDS or to provide appropriate HIV pretest and posttest counseling and care. Confidentiality remains a concern and is addressed in the official guidelines for management of suspected HIV/AIDS cases, which was released by the MOH in December 2001. Further, limited research data impede an understanding of the nature of vulnerability to HIV, and few reliable data exist on the nature of sexual behaviors among people who practice risky behavior.

A key component of East Timor's national strategic plan to address HIV/AIDS and STIs is an HIV/AIDS awareness and education campaign that features condom distribution, the establishment of an HIV counseling and testing facility, a blood screening program, and a case-reporting system.

East Timor's response to HIV/AIDS includes extensive engagement of local community and government resources and infrastructure.

In addition, the Catholic Church plays an integral role in supporting HIV/AIDS awareness and prevention efforts. In collaboration with the Catholic Youth Commission of the Dili Diocese, the MOH has coordinated a pilot peer-outreach HIV/AIDS-awareness campaign in the parishes of the Dili Diocese, reaching nearly 1,700 youth.

In September 2003, East Timor's Prime Minister ordered the establishment of an I8-member National AIDS Commission. Dr. Avelino Guterres Correia, who works at the University of Dili, was elected commission chair. The commission's work will include monitoring HIV/AIDS statistics, implementing government policies to curb new HIV infections and provide care and treatment for persons living with HIV/AIDS, and coordinating the work of international donors.

USAID SUPPORT

The U.S. Agency for International Development (USAID) allocates \$715,000 annually (\$2.5 million over 3.5 years) for HIV/AIDS and related health projects in East Timor. As part of its economic revitalization objective, USAID is working to expand the network and sustainability of cooperative health clinics that provide affordable health services, including HIV/AIDS prevention information and services.

USAID's HIV/AIDS support program in East Timor is implemented under the global IMPACT Project, which is managed by Family Health International. USAID's goal in East Timor is to keep HIV prevalence low and coordinate care for people already living with HIV or AIDS. The project is designed to work with local public and private organizations, including faith-based organizations, to provide an expanded and comprehensive response to the prevention and mitigation of HIV and AIDS. The project has three components:

Balance prevention efforts between supporting the social tenets that successfully encourage people to choose fidelity
and abstinence and considering the needs of those who are at risk for contracting HIV or an STI. This includes
offering access to condoms and helping the government to establish services to treat STIs.

- Work with the Government of East Timor and local organizations such as the Catholic parishes to form a publicprivate sector partnership to provide a continuity of care that includes counseling and testing for HIV, training clinicians to provide treatment for HIV infection, coordinating antiretroviral therapy, and preventing mother-to-child HIV transmission
- · Assist the Government of East Timor to develop appropriate health policies and systems

The IMPACT Project has provided the only good-quality research about HIV in East Timor, the only targeted HIV prevention projects, the only training in infection prevention focusing on HIV, the only counseling and testing services, the only training in HIV medicine, and the only treatment of HIV and opportunistic infections with antiretroviral therapy.

Research

All USAID activities in East Timor are based on the evidence of four components of research that allow activities to be designed and targeted to different parts of society. Biologic and behavioral research replaced supposition and provided reliable evidence about risk behavior, and about STI and HIV prevalence among men who have sex with men, female sex workers, transport workers, members of the military, and students. USAID supported the East Timor Study Group to undertake a qualitative assessment of the response of social and political institutions to HIV/AIDS. The study considered the status of HIV/AIDS policy, perception, resources, and factors that support or hinder HIV/AIDS programming in East Timor and found important weaknesses. Formative research about risk populations' size, meeting places, and networks has aided project design. Formative research was also used to design behavior change communication materials such as brochures, posters, and radio and television announcements focused on these populations.

Prevention

Prevention activities include supporting the social tenets of East Timor that encourage sexual abstinence and fidelity, implementing specific evidence-based behavior change communication activities, and providing condoms to those at risk of HIV. USAID projects encourage abstinence as a means of avoiding HIV and STIs. These activities also support efforts by the Catholic Church and other associations that promote fidelity within marriage, and they provide public information regarding exposure to HIV and the importance of using condoms in relationships with nonregular sexual partners. People at risk of HIV and STI are referred to clinics that are also supported by USAID.

Behavior change communication

USAID has asked Family Health International to devise a comprehensive behavior change communication strategy that will guide the development, implementation, and monitoring of communication activities that focus on most-at-risk populations.

HIV counseling and testing

USAID is supporting several clinics to provide confidential HIV counseling and testing to clients seeking these services. Counseling and testing have been acknowledged within the international community to be an effective strategy for both preventing HIV and providing care for persons living with HIV/AIDS.

STI treatment

USAID is supporting several clinics to provide confidential treatment of STIs, which increase the risk of HIV infection.

Treatment of HIV and opportunistic infections

USAID has provided training to several doctors in management of HIV and opportunistic infections. USAID has procured antiretroviral medications and is providing antiretroviral therapy for seven people, which are all the known cases.

IMPORTANT LINKS AND CONTACTS

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USAID Websites:

http://www.usaid.gov/our_work/global_health/aids/Countries/ane/easttimor.html http://www.usaid.gov/locations/asia_near_east/countries/etimor/etimor.html http://www.usaid.gov/our_work/global_health/aids/Funding/FactSheets/ane.html

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